

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 DEC 16 AM 9:37

FRANKLIN COUNTY

Full Name of Committee Citizens for Judge Amy Salerno						Registration Number, if PAC, ELECTION							
Full Name of Candidate Amelia A. Salerno													
Street Address 295 W. 4th Avenue						Office Sought Municipal Court Judge			District Franklin Co.				
City Columbus						State O H		Zip Code 43201					
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		X		Post-General		Annual Year	
		July		August		September						Semiannual	
		Monthly		Monthly		Monthly				Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Date of Election 1 1 0 8 0 5					

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 21,318.73
2. Total monetary contributions (From Form No. 31-A)	\$ 18,845.00
3. Total other income (From Form No. 31-A-2)	\$ 25,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 65,163.73
5. Total monetary expenditures (From Form No. 31-B)	\$ 62,922.20
6. Balance on hand (line 4 minus line 5)	\$ 2,241.53
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 314.09
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 52,864.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Eleanor O. Slane, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages 7

Expenditure
pages 1

Other
pages 10

Total
pages 18

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno							
Full Name of Contributor Susan Dimickele					Registration Number, if PAC		
Street Address 2607 Henthorn Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #4215		
City Upper Arlington	State O H	Zip Code 43221	M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor Allen S. Shepherd					Registration Number, if PAC		
Street Address 6295 Cosgraay Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #5248		
City Dublin	State O H	Zip Code 43016	M 1	D 1	Y 0	Amount 150.00	
Full Name of Contributor Meeks Shamansky PAC					Registration Number, if PAC		
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1069		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 500.00	
Full Name of Contributor Jo Ann Davidson					Registration Number, if PAC		
Street Address 6639 Forrester Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #12008		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 1	Y 2	Amount 500.00	
Full Name of Contributor Ohio Academy of Nursing Homes PAC					Registration Number, if PAC CP204		
Street Address 2 Miranova Place Suite 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1747		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 1	Amount 500.00	
Full Name of Contributor Colley Shroyer & Abraham					Registration Number, if PAC		
Street Address 536 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #29344		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 1,500.00	
Full Name of Contributor Thomas N. Taneff Business Account					Registration Number, if PAC		
Street Address 600 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #8466		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 250.00	
Full Name of Contributor Richard L. Royer					Registration Number, if PAC		
Street Address 1480 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check # 5105		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3,600.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno							
Full Name of Contributor Gary H. Baas					Registration Number, if PAC		
Street Address 959 Maebell Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #11716		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Sanford J. Cohan					Registration Number, if PAC		
Street Address 2500 Corporate Exchange Dr Ste 161		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1864		
City Columbus	State O H	Zip Code 43231	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor M. Jameson Crane					Registration Number, if PAC		
Street Address 2289 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #5263		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor Anthony A. Groeber					Registration Number, if PAC		
Street Address 6877 N. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check # 1341		
City Columbus	State O H	Zip Code 43085	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Rebecca Price, Kegler Brown Hill & Ritter PAC					Registration Number, if PAC CP648		
Street Address 65 E. State St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #2436		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Worthington Republican Women, Ruth Coons, Treasurer					Registration Number, if PAC		
Street Address 8362 Storrow Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1001		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 300.00	
Full Name of Contributor Stephen J. Smith					Registration Number, if PAC		
Street Address 250 West St.		Employer/Occupation/Labor Organization* Schottenstein Zox & Dunn Co LPA			Form (Cash, Check, etc.) Check #229017		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 250.00	
Full Name of Contributor Frederick T. Moses					Registration Number, if PAC		
Street Address 19538 Carroll Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #3206		
City Rockbridge	State O H	Zip Code 43149	M 1	D 0	Y 3	Amount 100.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno												
Full Name of Contributor William J. Napier						Registration Number, if PAC						
Street Address 2105 Fairfax Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #741					
City Columbus		State O H		Zip Code 43221		M 1 1		D 0 4		Y 0 5		Amount 200.00
Full Name of Contributor K. Susan Corbin						Registration Number, if PAC						
Street Address 4460 Hoover Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #2665					
City Grove City		State O H		Zip Code 43123		M 1 1		D 0 4		Y 0 5		Amount 200.00
Full Name of Contributor Joseph D. Finneran						Registration Number, if PAC						
Street Address 1650 Essex Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #6875					
City Columbus		State O H		Zip Code 43221		M 1 1		D 0 4		Y 0 5		Amount 500.00
Full Name of Contributor Ric Moore						Registration Number, if PAC						
Street Address 3248 W. Henderson Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check # 1081					
City Columbus		State O H		Zip Code 43220		M 1 1		D 0 4		Y 0 5		Amount 500.00
Full Name of Contributor Sallynda Rothchild Dennison						Registration Number, if PAC						
Street Address 500 S. Front St., Suite 102			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #3221					
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 4		Y 0 5		Amount 100.00
Full Name of Contributor Brad Hennebert						Registration Number, if PAC						
Street Address 7680 Morse Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #127					
City New Albany		State O H		Zip Code 43054		M 1 1		D 0 4		Y 0 5		Amount 50.00
Full Name of Contributor Franklin County Republican Party						Registration Number, if PAC						
Street Address 14 E. Gay St. 2nd Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #0289					
City Columbus		State O H		Zip Code 43215		M 1 0		D 3 1		Y 0 5		Amount 10,000.00
Full Name of Contributor CONTRIBUTIONS TRANSFERRED FROM FORM NO. 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
						1 1		0 3		0 5		1,945.00

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Judge Amy Salerno							
Full Name Transferred from 31-C Statement of Loans Received				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount 25,000.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 25,000.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Judge Amy Salerno												
To Whom Paid Stark & Associates						M	D	Y	Amount			
						1	0	2	2	0	5	6,847.20
Address 4448 Broadway				Purpose campaign signs								
City Grove City				State O H		Zip Code 43123		Check Number 131				
To Whom Paid Capital Creative						M	D	Y	Amount			
						1	0	2	5	0	5	1,075.00
Address 711 Oak Street				Purpose campaign literature								
City Columbus				State O H		Zip Code 43206		Check Number 133				
To Whom Paid Midwest Communications						M	D	Y	Amount			
						1	0	3	1	0	5	20,000.00
Address 49 S. Grant Avenue				Purpose tv commercials								
City Columbus				State O H		Zip Code 43215		Check Number 135				
To Whom Paid Midwest Communications						M	D	Y	Amount			
						1	1	0	1	0	5	20,000.00
Address 49 S. Grant Avenue				Purpose tv commercials								
City Columbus				State O H		Zip Code 43215		Check Number 136				
To Whom Paid Midwest Communications						M	D	Y	Amount			
						1	1	0	4	0	5	10,000.00
Address 49 S. Grant Avenue				Purpose tv commercials								
City Columbus				State O H		Zip Code 43215		Check Number 137				
To Whom Paid Midwest Communications						M	D	Y	Amount			
						1	1	0	8	0	5	5,000.00
Address 49 S. Grant Avenue				Purpose tv commercials								
City Columbus				State O H		Zip Code 43215		Check Number 138				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Judge Amy Salerno												
From Whom Received Amelia A. Salerno								Prior Amount		Amt. Incurred this Period 25,000.00		
Address 295 W. 4th Avenue										Outstanding Balance		
City Columbus		State OH		Zip Code 43201		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M D Y		M D Y		\$			M D Y		\$	
1 1 0 2 0 5		1 1 0 2 0 5		1 1 0 2 0 5		17000						
Registration Number, if PAC				M D Y					M D Y			
1 1 0 3 0 5				8000								
Employer/Occupation/Labor Organization*				M D Y					M D Y			
From Whom Received Joe Armeni (husband)								Prior Amount 27,864.00		Amt. Incurred this Period		
Address 295 W. 4th Avenue										Outstanding Balance 27,864.00		
City Columbus		State OH		Zip Code 43201		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M D Y		M D Y		\$			M D Y		\$	
Registration Number, if PAC				M D Y					M D Y			
Employer/Occupation/Labor Organization*				M D Y					M D Y			
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M D Y		M D Y		\$			M D Y		\$	
Registration Number, if PAC				M D Y					M D Y			
Employer/Occupation/Labor Organization*				M D Y					M D Y			

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 27,864.00
- 2 Total received this period \$ 25,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 52,864.00 (To Form No. 30-A)

Event Date	11/03/2001
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno					
Full Name of Contributor Charles D. Hill, Jr.				Registration Number, if PAC	
Street Address 800 Aldengate Dr.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Galloway	State O	Zip Code 43119	Form(Cash, Check, etc) Check # 1721		Amount 250.00
Full Name of Contributor David M. Kennedy				Registration Number, if PAC	
Street Address 188 E. 1st Ave.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43201	Form(Cash, Check, etc) Check #1064		Amount 35.00
Full Name of Contributor Cyndie D. Hill				Registration Number, if PAC	
Street Address 6620 Ballantrae Place	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43016	Form(Cash, Check, etc) Check # 2839		Amount 250.00
Full Name of Contributor Janie D. Roberts				Registration Number, if PAC	
Street Address 982 N. 6th Street	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43201	Form(Cash, Check, etc) Check #4491		Amount 70.00
Full Name of Contributor Tetsuzi Kondo				Registration Number, if PAC	
Street Address 866 Wedgewood Dr.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Marysville	State O	Zip Code 43040	Form(Cash, Check, etc) Check # 10354		Amount 100.00
Full Name of Contributor Daniel D. Carr				Registration Number, if PAC	
Street Address 181 Ashbourne Rd.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Bexley	State O	Zip Code 43209	Form(Cash, Check, etc) Check # 3657		Amount 300.00
Full Name of Contributor C. R. Keeley				Registration Number, if PAC	
Street Address 1537 Sandringham	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43220	Form(Cash, Check, etc) Check # 1544		Amount 35.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,040.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno					
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High St.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43215	1	1	0
			3	0	5
			Amount 100.00		
Form(Cash, Check, etc) Check # 3334					
Full Name of Contributor Gregory N. Finnerty					
Street Address 21 W. Broad St., Suite 500				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Greg Finnerty Solutions		1	1	0	50.00
City Columbus	State O	Zip Code 43215	3	0	5
			Form(Cash, Check, etc) Check #1053		
Full Name of Contributor Gregory N. Finnerty					
Street Address 21 W. Broad St., Suite 500				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Greg Finnerty Solutions		1	1	0	50.00
City Columbus	State O	Zip Code 43215	8	0	5
			Form(Cash, Check, etc) Check # 1040		
Full Name of Contributor Charles William McGowan					
Street Address 601 S. High St.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	250.00
City Columbus	State O	Zip Code 43215	3	0	5
			Form(Cash, Check, etc) Check # 1860		
Full Name of Contributor Jeremy Dodgion					
Street Address 1188 S. High St.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	35.00
City Columbus	State O	Zip Code 43206	3	0	5
			Form(Cash, Check, etc) Check #3243		
Full Name of Contributor Robert F. Krapenc					
Street Address 601 S. High St., 1st Floor				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	300.00
City Columbus	State O	Zip Code 43215	3	0	5
			Form(Cash, Check, etc) Check # 1089		
Full Name of Contributor Andrew Herf					
Street Address 2706 Tremont Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	1	0	100.00
City Columbus	State O	Zip Code 43221	3	0	5
			Form(Cash, Check, etc) Cash		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 885.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno					
Full Name of Contributor John A. Stoff				Registration Number, if PAC	
Street Address 38 E. Beechwold Blvd.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Cash		Amount 20.00
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1945.00

Total expenditures this event

Page Total \$ **20.00**

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno				
Full Name of Contributor H.M.O'Neill		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 330 W. Spring St., Suite 200		Description of Item or Service Food & Beverages		M D Y Fair Market Value 1 0 1 1 0 5 250.00
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Kevin Bacon		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5325 Ponderosa Dr.		Description of Item or Service photocopying		M D Y Fair Market Value 1 1 0 2 0 5 64.09
City Columbus		State O H	Zip Code 43231	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]